PUBLIC RECORD

Dates: 11/09/2026

Doctor: Dr Rachael BARTRUM

GMC reference number: 6101894

Primary medical qualification: MB ChB 2004 University of Sheffield

Type of case	Outcome on impairment
Review - Misconduct	Impaired
Review - Conviction	Impaired
XXX	XXX

Summary of outcome

Conditions, 12 months

Review hearing directed

Tribunal:

Legally Qualified Chair	Mr Jonathan Storey
Lay Tribunal Member:	Mr John Kelly
Registrant Tribunal Member:	Dr Aamna Khan

Tribunal Clerk:	Mrs Lorraine Cheetham

Attendance and Representation:

Doctor:	Not present, represented
Doctor's Representative:	Mr Scott Ivill, Counsel, instructed by Weightmans LLP
GMC Representative:	Mr Mohsin Malik, Counsel, instructed by GMC legal

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in private.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Impairment - 11/09/2026

1. At the outset of this hearing, the Tribunal announced that the entirety of the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules) XXX. However, as this case also concerned Dr Bartrum's misconduct and conviction a redacted version will be published at the close of the hearing.

2. At this review hearing the Tribunal was required to decide, in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'), whether Dr Bartrum's fitness to practise was impaired by reason of misconduct, XXX and a conviction or caution for a criminal offence.

Background

3. Dr Bartrum qualified in 2004 at Sheffield Medical School. She became a member of the Royal College of GPs in 2010, and worked as a salaried GP in Barnsley, Sheffield, and North Cumbria, before moving to the Lake District. Between 2018 and February 2020, Dr Bartrum was employed as a salaried GP at Central Lakes Medical Group ('the Practice'). Dr Bartrum was subsequently employed at the Duke St Surgery between September 2020 and July 2021.

The 2023 Tribunal

4. At the hearing which took place in September 2023, Dr Bartrum admitted the entirety of the Allegations including that:

Misconduct

5. On 20 August 2019, Dr Bartrum consulted with 22 patients while under the influence of alcohol.

Conviction

6. On 18 December 2019 at South Cumbria Magistrates' Court, Dr Bartrum was convicted of driving a motor vehicle on 20 August 2019 with an alcohol level above the prescribed limit, contrary to Section 5(1)(a) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Act Offenders Act 1988. Dr Bartrum was thereafter sentenced to a fine of £300 and disqualification from holding or obtaining a driving licence for 12 months.

7. On 14 September 2021 at South Cumbria Magistrates' Court, Dr Bartrum was convicted of driving a motor vehicle on 16 July 2021 with an alcohol level above the prescribed limit contrary to Section 5(1)(a) of the Road Traffic Act 1988 and Schedule 2 to the Road Traffic Act Offenders Act 1988. On 6 October 2021, Dr Bartrum was subsequently sentenced to a 12-month community order, including a rehabilitation activity requirement of 20 days, and a curfew requirement of 32 weeks, as well as disqualification from holding or obtaining a driving licence for 42 months. Following an appeal at Preston Crown Court on 7 January 2022, the original sentence was varied to a 30-day rehabilitation requirement, removal of the curfew, and Dr Bartrum was disqualified from holding or obtaining a driving licence for 36 months.

XXX

8. XXX

9. XXX

The 2023 Tribunal's determination on impairment

Misconduct

10. In relation to Dr Bartrum's misconduct, the 2023 Tribunal took into account that, on 20 August 2019, Dr Bartrum consulted with 22 patients, and the effect of her intoxication was that six patients had no consultation notes recorded, and one had incomplete notes.

Whilst it noted that there was no evidence of actual harm to the patients, it considered that her actions had the potential for harm to be caused to the health and wellbeing of her patients.

11. The 2023 Tribunal concluded that Dr Bartrum's actions, in drinking alcohol at work and being under the influence of alcohol at work, put patients at unwarranted risk of harm, brought the profession into disrepute and breached fundamental tenets of the medical profession. It found that her conduct fell far short of the standards of conduct reasonably to be expected of a doctor so as to amount to misconduct.

Conviction

12. The 2023 Tribunal found that Dr Bartrum's convictions indicated that the same offence had been committed by her twice within a period of two years. It found that Dr Bartrum had, therefore, engaged in repeated criminal behaviour and presented a risk to herself, other road users, and – on 16 July 2021 - XXX.

13. The 2023 Tribunal considered that such serious and repeated convictions constituted a breach of a fundamental tenet of the profession, namely acting within the law, which forms part of paragraph 1 of GMP:

> *'Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.'*

14. The 2023 Tribunal took into account that Dr Bartrum had acknowledged the seriousness of her offending but concluded that a conviction of a doctor for drink driving offences would seriously undermine public confidence in both Dr Bartrum and the medical profession. The 2023 Tribunal therefore determined that Dr Bartrum's fitness to practise was impaired by reason of her criminal conviction.

XXX

15. XXX

16. XXX

17. XXX

18. The 2023 Tribunal determined to impose conditions on Dr Bartrum's registration for a period of three years and directed a review hearing. It stated that, at this hearing, the onus would be on Dr Bartrum to demonstrate XXX. The 2023 Tribunal stated that it might assist a reviewing Tribunal if Dr Bartrum were to provide evidence of:

- XXX;
- XXX;
- Ongoing CPD and reviews of her work, such as a 360 Review;
- An up to date reflective statement; and
- Any other information to demonstrate that she is fit to return to unrestricted practice.

The Evidence

19. At this review hearing the Tribunal took into account all the evidence received. The documentary evidence included by was not limited to:

- Record of Determination, dated September 2023;
- XXX;

Submissions

On behalf of the GMC

20. Mr Mohsin Malik, Counsel, submitted that Dr Bartrum's fitness to practise remained impaired by reason of her misconduct, XXX and conviction.

21. Mr Malik outlined that Dr Bartrum had been employed since 10 June 2025 at Waterloo House Surgery in Millom. Workplace reports indicated XXX, and had complied with her conditions.

22. XXX

23. Mr Malik submitted XXX. He noted, however, that the Tribunal had not received any information from Dr Bartrum herself. There was no ongoing CPD evidence, reviews of her work, up-to-date reflective statement or any other information to support the proposition that she was fit to practise or fit to return to unrestricted practice. Mr Malik noted that all of this had been requested by the previous tribunal.

24. Mr Malik submitted that Dr Bartrum continued to pose a current and ongoing risk to public protection, requiring restrictive action in response with all three parts of public protection engaged.

On behalf of Dr Bartrum

25. Mr Scott Ivill, Counsel, submitted that he did not oppose the extension of the current order. He submitted that Dr Bartrum's existing conditions should be continued as she felt that they were protective and that she was well supported by them.

26. Mr Ivill submitted that Dr Bartrum had made progress following the imposition of conditions and had demonstrated a strong commitment to XXX.

27. Mr Ivill submitted that Dr Bartrum was currently dealing with ongoing court proceedings relating to her personal circumstances and had been able, during that time, to XXX.

28. Mr Ivill concluded XXX. Accordingly, he submitted that the extension of conditions was not opposed and a further period in the region of perhaps nine months would be an appropriate duration.

The Relevant Legal Principles

29. The Tribunal had regard to the Guidance for MPTS Tribunals > Section three: MPT hearings – review hearings (22 June 2026).

30. The Tribunal reminded itself that the decision as to whether Dr Bartrum's fitness to practise was impaired was a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal was aware that it was for the doctor to satisfy it that she would be safe to return to unrestricted practise.

31. The Tribunal reminded itself that it was required to determine whether Dr Bartrum's fitness to practise remained impaired, taking into account Dr Bartrum's conduct at the time of the events and any relevant factors since then such as whether the matters were remediable, whether the matters had been remedied, and any likelihood of repetition.

The Tribunal's Determination on Impairment

32. The Tribunal considered whether Dr Bartrum's fitness to practise was currently impaired by reason of her misconduct, conviction XXX. The Tribunal followed step 1a of the guidance, which states:

> *Step 1a: consider what has happened since the previous MPT's decision*
> - *What was the previous MPT's assessment of risk and reasons given for it?*
> - *What new evidence has been received since the previous MPT's assessment of risk and what impact does it have?*
> - *What evidence is there of insight and is the doctor's insight genuine?*
> - *What evidence is there relating to remediation, has the allegation now been remedied or is it still likely to be repeated?*
> - *Has the doctor kept their knowledge and skills up to date?*
> - *Has the risk to public protection that previously required restrictive action in response changed and if so, how?*

33. The Tribunal was required to decide whether, on the basis of the information before it, the doctor's fitness to practise was impaired by reason of a conviction for a criminal offence, misconduct XXX.

<u>What was the last assessment of current and ongoing risk to public protection resulting in Dr Bartrum's fitness to practise being found impaired?</u>

34. The Tribunal noted that the 2023 Tribunal had determined that all three parts of public protection were engaged in this case.

35. The Tribunal had regard to the conclusions of the 2023 Tribunal, as summarised above. It noted that the 2023 Tribunal had reached the view that Dr Bartrum's conviction and misconduct were XXX.

36. The Tribunal noted XXX and that Dr Bartrum had complied with her conditions and, from Mr Ivill's submissions, had felt supported and progressed well with them.

37. The Tribunal had regard to the factors identified by the 2023 Tribunal which may assist a future review, as set out above.

<u>What has happened since the last assessment of risk and what impact does this have?</u>

38. The Tribunal considered what had happened since the 2023 Tribunal and how Dr Bartrum had responded to the 2023 Tribunal's findings.

39. The Tribunal noted that the sanction imposed by the criminal courts had come to an end.

40. XXX

41. XXX

42. XXX

43. XXX

What evidence is there of insight and is the doctor's insight genuine?
What evidence is there relating to remediation, has the allegation now been remedied or is it still likely to be repeated?

44. The Tribunal carefully considered the questions of insight and remediation.

45. The Tribunal noted that Dr Bartrum had engaged with her conditions, restarted work and had been able to XXX.

46. There was, however, little evidence before the Tribunal as to Dr Bartrum's insight into and remediation of the specific misconduct and conviction matters that were found proved in 2023. Consequently, the Tribunal considered that, although XXX it could not be satisfied that the misconduct and conviction matters found proved in 2023 have been fully remediated.

Has the doctor kept their knowledge and skills up to date?

47. Although the Tribunal accepted that Dr Bartrum had been working as a GP again since June 2025, it did not have sight of any evidence of CPD and so was unable to fully determine the extent to which she had kept her knowledge and skills up to date since 2023. It also noted the statement by Dr C, who set out that, "*Dr Bartrum has taken significant time away from practice this year*" as set out above.

Has the risk to public protection requiring restrictive action in response changed and if so, how?

48. The Tribunal accepted that there had been no repetition of any criminal or conduct concerns.

49. The Tribunal was satisfied that Dr Bartrum had largely addressed the issues raised by the 2023 Tribunal. It determined, in all the circumstances, and given XXX, that the conditions imposed in 2023 were working well in allowing Dr Bartrum to practise safely.

50. The Tribunal noted, however, that the misconduct and conviction matters proved in 2023 were XXX and took into account Dr Bartrum's own submissions, through Mr Ivill, that she would like conditions to remain on her practice.

51. In view of this, the Tribunal considered that the risk to public protection remained, albeit at the lower end of the spectrum.

52. It therefore determined that Dr Bartrum was not yet ready to practise unrestricted and that it was necessary to make a finding of impairment on the grounds of public protection and public interest in relation to Dr Bartrum's XXX, conviction and misconduct.

Determination on Sanction - 11/09/2026

53. At the outset of this hearing, the Tribunal announced that the entirety of the hearing should be heard in private in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 (the Rules) XXX. However, as this case also concerned Dr Bartrum's misconduct and conviction a redacted version will be published at the close of the hearing.

54. Having determined that Dr Bartrum's fitness to practise remained impaired by reason of XXX, misconduct and conviction, the Tribunal was then required to decide, in accordance with Rule 22(1)(h) of the Rules, what action, if any, it should take with regard to Dr Bartrum's registration.

The Evidence

55. The Tribunal took into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr Bartrum's registration.

Submissions

On behalf of the GMC

56. Mr Malik submitted that the continuation of the current order of conditions was the least restrictive sanction capable of protecting the public.

57. Mr Malik submitted that continued regulatory oversight was appropriate and that the current conditions had proved effective. Those conditions had, he submitted, enabled Dr Bartrum to XXX and return to practice. Mr Malik added that there was no evidence that the conditions were unworkable or disproportionate. XXX.

58. In light of the Tribunal's findings that Dr Bartrum's fitness to practise remained impaired and that there was a continuing risk requiring restrictive action, Mr Malik submitted that it would be premature to revoke the conditions at this stage. He stated that the continuation of the existing conditions represented the least restrictive step capable of addressing the current level of risk, and that those conditions remained necessary, proportionate and sufficient to protect the public and maintain public confidence in the profession, XXX.

On behalf of Dr Bartrum

59. Mr Ivill submitted that there should be an extension of the current order and that the duration of that extension should be for a period of nine months.

60. Mr Ivill took the Tribunal through XXX. He reminded the Tribunal that Dr Bartrum had already been the subject of conditions for three years. Mr Ivill submitted that a realistic period of extension would be nine months as that would place Dr Bartrum in a position where the XXX matters in her private life would have concluded. He submitted that, at that point, the issue of whether there was continued impairment of fitness to practise could be revisited.

The Tribunal's Determination

61. The Tribunal was reminded that the decision as to the appropriate sanction, if any, to impose was a matter for its independent judgement which it must exercise fairly.

62. The Tribunal had regard to the relevant sections of the MPTS Guidance.

63. The Tribunal was mindful that the purpose of a sanction is not to be punitive, although a sanction may have a punitive effect on a doctor.

64. The Tribunal reminded itself that, in determining whether to impose a sanction and, if so, which, it should have regard to the principle of proportionality and should start by considering the least restrictive option.

65. The Tribunal reminded itself of the findings of the 2023 Tribunal. It was mindful that Dr Bartrum's registration was subject to conditions for a period of three years to allow her time to reach a satisfactory level of insight, to sufficiently remediate her actions and XXX.

No action

66. The Tribunal first considered whether to conclude the case by taking no action. It considered paragraphs 13 – 16 of Section 3 of the MPTS Guidance which relate to consideration of 'Taking no action'. It noted in particular paragraph 13 states:

> *'Where a doctor's fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor's registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare.'*

67. The Tribunal determined that there were no exceptional circumstances in this case which would warrant the taking of no action.

Conditions

68. Turning next to whether it would be appropriate to impose a conditions of practice order, the Tribunal had regard to paragraphs 17 – 40 of the MPTS Guidance. In particular, paragraphs 23 and 28 state:

> *'23. Conditions are likely to be workable where:*

a. the doctor has shown insight
b. time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study, supervision and/or seeking medical treatment
c. the doctor is willing to remediate, and
d. the MPT is satisfied the doctor will comply with them.'

'28 Conditions may be proportionate in cases where the doctor has shown a degree of insight into the allegation and some, or all, of the following factors are present:

a. the doctor has demonstrated they are willing and/or able to remediate
b. identifiable areas of the doctor's practice need prohibiting, monitoring, or retraining
c. the doctor has demonstrated they are willing to be open and honest with patients and others they work with if things go wrong
d. the doctor will not put patients at harm, either directly or indirectly, by having conditions on their registration.'

69. The Tribunal was mindful that in its determination on impairment and in the 2023 Tribunal's finding, it had been identified that Dr Bartrum's convictions and misconduct were XXX. The Tribunal considered that the risk of repetition of her conviction and misconduct was low.

70. The Tribunal took into account that Dr Bartrum was a well-regarded doctor with no concerns raised as to her clinical skills, the significant passage of time since the events relating to these proceeding, and XXX. The Tribunal was satisfied that with the continuing support of conditions, Dr Bartrum would be able to XXX while practising and that, given the low risk of her misconduct and conviction being repeated, this would be a proportionate sanction.

71. XXX

72. The Tribunal was satisfied that the current conditions had been sufficient to protect the public and meet the public interest. XXX.

73. The Tribunal therefore determined to maintain the following conditions on Dr Bartrum's registration:

1. She must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:

a the details of her current post, including:

i her job title

ii her job location

iii her responsible officer (or their nominated deputy)

b the contact details of her employer and any contracting body, including her direct line manager

c any organisation where she has practising privileges and/or admitting rights

d any training programmes she is in

e of the organisation on whose medical performers list she is included

f of the contact details of any locum agency or out of hours service she is registered with.

2. She must personally ensure the GMC is notified:

a of any post she accepts, before starting it

b that all relevant people have been notified of her conditions, in accordance with condition 10

c if any formal disciplinary proceedings against her are started by her employer and/or contracting body, within seven calendar days of being formally notified of such proceedings

d if any of her posts, practising privileges or admitting rights have been suspended or terminated by her employer before the agreed date within seven calendar days of being notified of the termination

e if she applies for a post outside the UK

3. She must allow the GMC to exchange information with any person involved in monitoring her compliance with her conditions.

4. a She must have a workplace reporter appointed by her responsible officer (or their nominated deputy).

b She must not work until:

i her responsible officer (or their nominated deputy) has appointed her workplace reporter

ii She has personally ensured that the GMC has been notified of the name and contact details of her workplace reporter.

5. a She must get the approval of her GMC Adviser before accepting any post.

b She must keep her professional commitments under review and limit her work if her GMC Adviser tells her to.

c She must stop work immediately if her GMC Adviser tells her to and must get the approval of her GMC Adviser before returning to work.

6. She must get the approval of the GMC before working in a non-NHS post or setting.

7. She must only work in a group practice setting where there is a minimum of two GP partners or employed GPs (excluding herself). The GPs must be partners or permanently employed GPs who are on the GP register (this excludes locum staff).

8. a She must be supervised in all of her posts by a clinical supervisor, as defined in the *Glossary for undertakings and conditions*. Her clinical supervisor must be approved by her responsible officer (or their nominated deputy).

b She must not work until:

i her responsible officer (or their nominated deputy) has appointed her clinical supervisor and approved her supervision arrangements

ii She has personally ensured that the GMC has been notified of the name and contact details of her clinical supervisor and her supervision arrangements.

9. a She must get the approval of her responsible officer (or their nominated deputy) and the GMC Adviser, before working as:

i a locum / in a fixed term contract

ii out-of-hours

iii on-call.

b She must not work until:

i her responsible officer (or their nominated deputy) and the GMC Adviser has confirmed approval

ii she has personally ensured that the GMC has been notified of the approval of her responsible officer (or their nominated deputy) and the GMC Adviser.

10. She must personally ensure the following persons are notified of the conditions listed at 1 to 9:

a her responsible officer (or their nominated deputy)

b the responsible officer of the following organisations:

i her place(s) of work, and any prospective place of work (at the time of application)

ii all her contracting bodies and any prospective contracting body (prior to entering a contract)

iii any organisation where she has, or has applied for, practising privileges and/or admitting rights (at the time of application)

iv any locum agency or out of hours service she is registered with.

v If any of the organisations listed at (i to iv) does not have a responsible officer, she must notify the person with responsibility for overall clinical governance within that organisation. If she is unable to identify this person, she must contact the GMC for advice before working for that organisation.

c the responsible officer for the medical performers list on which she is included or seeking inclusion (at the time of application)

d her immediate line manager and senior clinician (where there is one) at her place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

74. XXX

75. The Tribunal directed that the conditions should remain on Dr Bartrum's registration for a further period of 12 months. The Tribunal noted the submissions of Mr Ivill that nine months would be sufficient for the matters in Dr Bartrum's personal life to conclude. The

Tribunal noted, however, that Dr Bartrum had only been back at work for a year, XXX. Furthermore, it noted the recommendation of the 2023 Tribunal that Dr Bartrum provide to any reviewing Tribunal her reflections and evidence of CPD, which it did not receive in these proceedings.

76. The MPTS will send Dr Bartrum a letter informing her of her right of appeal and when the direction and the new sanction will come into effect. The current order of conditions will remain in place during the appeal period.

Review

77. The Tribunal determined to direct a review of Dr Bartrum's case. A review hearing will convene shortly before the end of the period of conditions. The Tribunal wished to clarify that at the review hearing, the onus will be on Dr Bartrum to demonstrate how she has XXX. It therefore may assist the reviewing Tribunal if Dr Bartrum were to provide evidence of:

- XXX;
- XXX;
- Ongoing CPD and reviews of her work, such as a 360 Review;
- An up-to-date reflective statement addressing XXX, her conviction and her misconduct; and
- Any other information to demonstrate that she is fit to return to unrestricted practice.